



FRANKLIN COUNTY

Office of Veterans Affairs

Operation Save-A-Vet, Save-A-Pet

SERVICE DOG APPLICATION

Welcome

We appreciate your service to our country and interest in our Operation Save-A-Vet, Save-A-Pet program. This program is available for veterans with service-connected disabilities who reside in Franklin County.

Please complete this application and submit to our office for consideration.

Franklin County
Office of Veterans Affairs
425 Franklin Farm Lane
Chambersburg, PA 17202
(717) 263-4326

Applicant Information

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Do you rent or own your residence? Rent Own

Do you anticipate any changes to your residence in the next year? Yes No

If yes, please explain: _____

How many people reside in your home? Adults ____ Children ____, Ages: _____

Does anyone in your family suffer from allergies? Yes No

Do any other household members have documented disabilities? Yes No

If yes, please explain: _____

Do you currently have dogs? Yes No If so, how many: _____

**Note: If you own other pets, submission of veterinary records is mandatory*

1. Tell us about yourself
2. Tell us about your support system (Individuals closest to you):

3. What are your service-connected disabilities and what percentage are you rated at from the Department of Veterans Affairs?

4. What is a typical day like for you?

5. What do you want a service dog to provide for you?

Demographic Data

Completion of this section is voluntary but may be used to help secure and maintain funding. It will not influence your eligibility to participate.

Gender: Male Female

Branch of Service: Army Navy Air Force Marines Coast Guard

Active Duty Guard/Reserves Both Rank: _____ Years in Service: _____

Age: _____ Race/Ethnicity: Caucasian African American Asian
Hispanic Native American Other: _____

Annual Household Income: \$0-18,000 \$18,000-25,000 \$25,000-32,000
\$32,000-\$50,000 \$50,000 +

Signature

All information provided is accurate as of the date of this application. I will notify the Franklin County Veterans Affairs Office of any changes. I understand that providing false information will result in disqualification from the program indefinitely. I further understand that completion of this application does not guarantee enrollment.

Signature

Date

Name (Please print)